Improvement Academy

Beyond demoralised

Listening and responding to NHS frontline staff is everyone's business

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Contents

1. Introduction

This report is for everyone with an interest in our health care services, and who cares about the staff who form its bedrock: domestic staff, porters, administrators, doctors, nurses, midwives, health support workers, allied health professionals; managers, and all the other people who support them to deliver the best possible care for patients, their carers and families.

At the Improvement Academy, we interviewed 60 health care staff[1] across a variety of healthcare settings[2] between Nov 2019 and Aug 2021. This revealed five key messages about the extent of strain staff have been under since before the Covid-19 pandemic, but that has been magnified intensely since. These key messages are:

1. Covid brings new pressures to an already pressurised system
2. Desire and expectation to provide good care is undermined by constant worry that this is not possible
3. Reliance on team cohesion to survive
4. Staff are not getting what they need in order to give their best for patients
5. Staff know how they would like managers at all levels to help them

In this report we detail these messages and outline an intended Improvement Academy response.

Haven't people already said all of this?

It is true that the impact of the Covid-19 pandemic on the wellbeing and health of NHS staff has already been described. We have identified the following system-wide 'calls to arms':

- **February 2021**: the NHS Confederation wrote to the Prime Minister urging the government *to stay true to its promise of protecting the NHS* not least through proper attention to the welfare of its staff (NHS Confederation letter, 2021). This was followed in March by their published warning of a '*real risk that thousands of NHS staff will leave unless they are given time to recover*' (NHS Confederation, 2021).
- **March 2021**: the British Medical Association (2021) published '*Rest, Recover, Restore: Getting UK health services back on track*' which called for an acknowledgement of the levels of exhaustion experienced by staff as a result of the

[1] Emergency Department, Lung Cancer, Haematology, Stroke Rehabilitation, Community Rehabilitation, Acute Frailty, Acute Medical Unit and Community Speech and Language Therapy

[2] Emergency Department, Lung Cancer, Haematology, Stroke Rehabilitation, Community Rehabilitation, Acute Frailty, Acute Medical Unit and Community Speech and Language Therapy

first year of the pandemic and a realistic approach to planning how to deal with the backlog of care requirements the pandemic has created.

- **June 2021**: the Kings Fund issued a statement supported by a coalition of 15 leading healthcare professional bodies[3] saying that the physical and emotional welfare of staff in health and social care must be prioritised to a level equal to that of patients, (The King's Fund, 2021).

We believe these system-wide demands to be important, but difficult to respond to. The challenges are so complex and vast so as to be overwhelming and it is therefore not clear what any one person within the system can do. More locally, we have seen NHS organisations develop well intended staff wellbeing agendas focusing on e.g. individual and group therapies, relaxation and meditation techniques, and phone helplines. These approaches also have their problems. Unless staff experience noticeable improvement to their day-to-day working conditions these are likely to be limited in effectiveness, and there are signs they are starting to cause unintended offense:

[3] Academy of Healthcare Sciences; British Dental Association; British Medical Association; British Psychological Society; College of Operating Department Practitioners; Health Estates and Facilities Management Association; The King's Fund; National Association of Primary Care; Royal Pharmaceutical Society; Royal Colleges of:.Emergency Medicine, General Practitioners, Nursing; Occupational Therapists; Psychiatrists; Midwives.

Our Improvement Academy ethos potentially gives us a way in that is neither focused on solving at system level, nor on individuals developing **ever more personal** resilience to an increasingly harmful system. Instead, our approach is always to:

i) understand problems using 'intelligence' (in this case, talking to those staff who are directly involved at the frontline of patient care, and extending this invitation to managers at all levels)

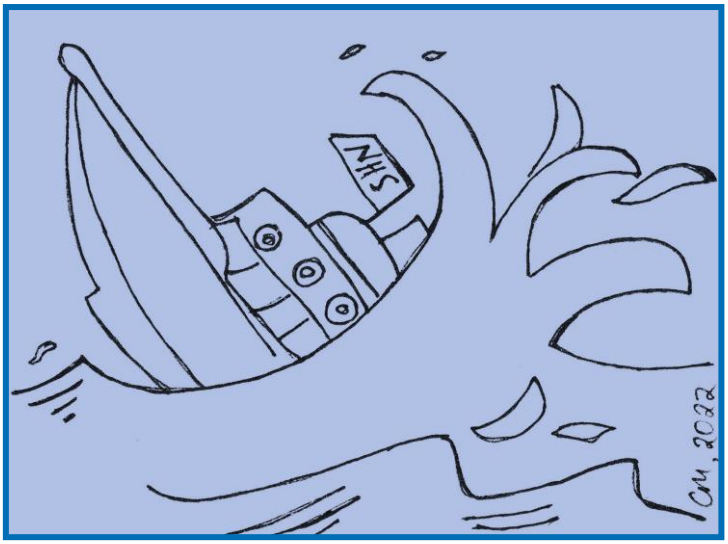
ii) set up small scale tests of change directed at the frontline of care (in this case our 'Lightening the Load crisis relief approach')

iii) share learning and engage others (through our Improvement Academy communication channels and networks and offers of facilitated discussion)

iv) focus on relationship-building and understanding between all those responsible, at whatever level, for providing patient care.

Our core business is training, coaching and peer-support opportunities for staff who wish to improve safety and quality of care, reinforced by evidence-based advocacy for these same staff wherever we deem this necessary. In this report we outline an adaptation of this core business in response to current need as we know staff currently have little thinking space nor energy with which to take part in our programmes. Right now, they seem less in need of quality improvement training, and more in need of being listened to, valued and for their immediate pressures to be lessened. Advocacy and learning together must be our current priorities.

We want this report to spark creative and restorative conversations that inspire people to cut through the overwhelm that can lead to denial and lack of responsive action. We are also aware of a potentially misplaced (hopeful) assumption that these people will definitely cope. Rather than fall into denial or false assumptions, we assume that staff may not be able to 'ride out the waves' of a prolonged storm, and that we should reach out to help, and invite others with influence, to do the same.



Are they 'riding the waves' OK or is that ship actually going under?

2. Five key messages from staff interviews

Key Message 1: Covid brings new pressures to an already pressurised system

Staff told us:

- Pressure on staff was high before the pandemic, but in order to keep patients and staff safe from Covid, there have been huge changes to procedures e.g. virtual appointments; PPE; updating and supporting anxious family members who cannot be there.
- Changes to staff roles through redeployment have meant departments have been, in their words, 'blown apart' and teams scattered. In the early pandemic particularly, staff had to manage the upheaval to home lives and fears for safety: their own and their families.
- As Covid restrictions have eased across society, a 'backlog' of health and care needs is now presenting and there is significant pressure being exerted on staff to 'catch-up'.
- Staff continue to bear the brunt of these pressures, causing considerable emotional strain – some describe feeling "broken". There has been no time for recovery between waves and no give in the system. Trying to keep services running smoothly for vulnerable people remains the focus and staff have needed to be hands on in offering holistic support, including more than ever, emotional support.

What the wider literature tells us:

NHS Pressure before Covid *"A system on its knees "despite the huge efforts of staff who are struggling to cope with the intense demands being put on them." Ladher (2017)* *"The health and care services are working at full stretch and staff resilience is not inexhaustible." Ham (2017)*	**The additional pressures of Covid** *"The immediate impact...has been a huge increase in the demand for acute care and, in particular, intensive care facilities." Propper et al (2020)* *"Throughout the first wave of the COVID-19 pandemic, supporting effective communication between patients and their families was a recognised challenge for healthcare professionals." White et al (2021)*
Pressure to clear the backlog *"The eventual number of cancelled or delayed procedures potentially running into the hundreds of thousands." Propper et al (2020)* *"Millions of expected elective procedures and outpatient appointments across the UK simply not having happened." BMA (2021)*	**Staff bearing the brunt** *"Levels of exhaustion, cynicism, and feelings of inadequacy reported by frontline staff had all risen significantly six months into the pandemic." BMA (2021)*

Table 1: Supporting evidence for Theme 1

Key Message 2: Desire and expectation to provide good care are undermined by constant worry that this is not possible

Staff told us:

- A staff member's vocation becomes their life's work and identity, with tremendous pride placed in providing good care supported by their own personal development. Threats to specialty team working e.g. receiving patients from other areas or working in unfamiliar clinical settings due to urgent clinical need can frustrate staff's sense of purpose and undermine confidence.
- Staff carry the emotional burden of caring: the feeling of letting patients down; not giving them quality time; constantly being behind with patients in need (e.g. emergency call centres, on a ward, in ED, theatre lists, community health services' huge waiting lists); they are continually balancing patient-facing care with urgent background work e.g. referrals, transfers, discharge planning, medications.
- Staff place high expectations on themselves and the close proximity to patients in need means they can rarely walk away. This comes at great expense to their personal welfare. So organisational measures that reassure them they are doing a good job are crucial to motivation rather than measures that seem to punish or judge.

What the wider literature tells us:

Role identity as key motivator

"Maintenance of professional identity, particularly during periods of organizational restructuring, is critical within modern complex healthcare systems as professional identity contributes to the psychological well-being of staff and leaders." Porter et al (2020)

Performance management makes staff feel judged, undermined and undervalued

"The abuse of data as a management tool has had highly dysfunctional effects for patients and healthcare workers alike." "Measurement, target setting and publication of results can become oppressive, activity can be distorted and arguments about validity can distract attention from real issues."
Dr Foster (2015)

Burnout related to not being able to do a job to their own high standards

"There are substantial tensions between patients' preferences, the ways in which many frontline staff wish to deliver care and what can be delivered. Staff caught in these tensions are at a real risk of becoming ***morally distressed*** *and exhausted and, potentially,* ***injured****."* UK Parliament (2021)

Table 2: Supporting evidence for Theme 2

Key Message 3: Reliance on team cohesion in order to survive

Staff told us:

- In times of great need strong team bonds develop and hold things together, the importance of which cannot be underestimated e.g. “The ward is my family”. A lack of access to strong team support, or decisions which disperse teams without notice can be detrimental. Staff have huge mutual respect for one another so feel concerned for staff groups who may be overworked or working in isolation.
- Individual staff use different coping mechanisms to handle stress which can put strain on team dynamics. In light of this, staff value effective ways of keeping the team together so that people are: included, informed, up to date, have a shared purpose and to inject some camaraderie.
- Staff feel powerless to influence the care their patients receive from teams across other parts of the system. They would like to develop strong relationships with the teams involved but this can be difficult.

What the wider literature tells us:

Team relationships under strain *“Covid-19 has changed the balance of power in many teams…. (with some people) left feeling frustrated, undermined, voiceless and side-lined.” The Kings Fund (2020)*	**Psychological safety as a concept** *“Psychological safety—a shared belief held by members of a team that the team is safe for interpersonal risk taking.” Edmonson (1999)*
Team cohesion essential *”there are two types of teams: real and pseudo. In real teams, trust will be apparent as there are known shared objectives and conscious decisions to trust one another, as well as a clarity of roles and responsibilities. However, in pseudo teams, no trust will exist as there will be ambiguity around objectives, responsibility and silo working.” West and Lyubovnikova, (2012)*	

Table 3: Supporting evidence for Theme 3

Key Message 4: Staff are not getting what they need in order to give their best for patients

Staff told us:

- They want opportunities to improve: time to reflect, plan and learn from experiences, and to bring patients into these conversations, to use their individual development to contribute to positive change.
- Staff want to be much more involved in all decisions that affect them, especially in future plans as they know demand is outstripping capacity e.g. succession planning when key people are known to be leaving.
- Staff cite three areas that contribute to their psychological safety:
  - i) Acknowledging their trauma/exhaustion after Covid
  - ii) Prioritising basic needs: lunch breaks, getting time back for additional hours worked, PPE, nowhere to sit and rest, removal of communal activities
  - iii) A supportive team culture: no gossiping, feeling valued, stability in their daily work, not being pulled at short notice to different sites/wards.

What the wider literature tells us:

Plenty of evidence about what staff need

*"Humans have three core needs and it is particularly important these are met in the workplace. They are the needs for **belonging**, **competence** and **autonomy**... The need that is least met in the NHS is the need for autonomy or control."* (West, 2019)

The need to rest & recover

"NHS and public health services have been running 'hot' for a prolonged period of time and an overstretched and exhausted workforce must now be given time to rest and recuperate as they meet the challenges ahead." (BMA, 2021)

'Basic' physiological needs are the foundation of everything

*In line with **Maslow's** hierarchy of needs, in the workplace "You need access to a restroom, a place to get drinking water, breaks to eat meals and snacks, and a comfortable working environment."* (Indeed career guide, 2021)

Table 4: Supporting evidence for Theme 4

Key Message 5: Staff know how they would like managers at all levels to help them

Staff told us:

From all managers staff need: to see an openness to change so that they know that solutions are being sought, a sense of working towards a common purpose, support and communication through change, involvement in decisions staff see as detrimental (e.g. being pulled to other teams), honest discussions around 'unrealistic targets' and balance between support and autonomy.

From line managers and service managers staff need people who: are realistic in demands, help problem solve, are honest, communicative, empathetic, respect confidentiality, provide constructive feedback, cascade and involve whole team in information sharing and link effectively with senior management.

From Trust leaders staff need them to: have good communication channels with the team and involve them in decisions/changes (more than just email), offer visible support and listen to needs so team does not feel 'abandoned'– having to justify requests for help to fill key roles is time-consuming, implies lack of trust and staff would like to be given some slack with respect to performance management when they have been working at full pelt.

Frontline staff describe the shift in managers' approaches to supporting them throughout: at the start of the pandemic, approaches were introduced that were favourable to staff (e.g. autonomy, support, shared purpose, removal of bureaucracy), but now staff feel more unhelpful command and control styles are dominating again.

What the wider literature tells us:

Manager-clinician relationships matter

"Good predictor of wellbeing and sickness absence is the quality of relationships between leaders and staff." (Williams and Kemp 2019)

***Psychological contract**: a term to "describe an often unacknowledged relationship between staff and the organisations for which they work. Breaches in these contracts can move staff from feeling motivated and willing to cope with change." (Williams and Kemp 2019)*

Strained relationships: Managers-clinicians

"Several key factors have made it more difficult for doctors and managers to work closely together. Financial pressures, changes in the role of NHS regulators, and the Health and Social Care Act 2012 created additional strain as managers were pushed to implement more difficult and contentious goals more quickly." (Nuffield 2017)

Concepts of 'compassionate' and 'relational' leadership promoted at all levels

"Paying attention; understanding; empathy; helping." "More courage required to lead compassionately than using command and control." (West, 2021)

"Changing culture requires leadership effort and behavioural change at every level.., from the clinical microsystem to the national arms-length bodies". (Bailey, 2019)

"Leadership as a process, from 'doing to' and 'doing for' people to 'being alongside' each other." (Russell 2021)

Table 5: Supporting evidence for Theme 5

3. What the Improvement Academy can offer

At the Improvement Academy, we have co-produced an extensive suite of evidence-based tools, resources, training and coaching programmes, with healthcare staff and researchers. These pioneering approaches are designed to be flexible and respond to the changing needs of frontline healthcare teams. To date, we have supported teams through increasingly challenging times to provide the high quality care that we know they want to give. Our ethos is built on asking '*how can we help?*', adapting approaches to suit, building alliances between staff groups (including managers) and on never imposing solutions or creating a greater burden for staff than they already face. Here we outline the four ways that we can use this ethos to support individuals, teams, and those in higher decision making roles within organisations at this time:

Offer 1: Listening to managers

The interviews that informed this report were with those at the frontline of patient care. Whilst this did include some direct leaders of those teams (e.g. ward managers) we know there are many working at other managerial levels within NHS organisations, who are also feeling the strain. Given the co-dependence of frontline clinicians and healthcare managers who must work together to find ways to deliver safe and quality care to patients, we would like to better understand and where possible help enhance these relationships. We therefore extend our ***invitation for interview to individuals at any management level.*** These conversations will provide valuable insights for us as we continually evolve our methods of support. We can also use these to discuss practical support to bridge the gap between frontline teams and those working to support them, such as our 'Lightening the Load' crisis relief approach (outlined below).

Offer 2: Test and evaluate a 'Lightening the load' crisis relief approach for staff teams and provide regular updates on our learning

Whilst we understand the themes well in general terms now, responsive action needs to be context specific. No-one has all the answers regarding what type of response is best. Therefore we want to **test an approach ('Lightening the load' is a working title for what this could look like) for supporting individual teams in identifying and addressing their specific needs.** Informed by the themes, we wish to spend time with teams (starting with a couple) to:

- Help them feel listened to and recognised for the extreme conditions they are currently working in
- Find ways to enhance a sense of shared purpose for all members of the team, amidst constant staff flux
- Identify how basic needs (food, rest) can be provided more consistently
- Advocate and communicate to those in management roles and support them to identify how best to help amidst their own competing demands

- Mediating and supporting communication and mutual respect between staff groups, looking also to address inequities e.g. in administration tasks which fall disproportionately heavily on some groups
- Utilise Quality Improvement techniques to identify inefficiencies to systems and potential practices that can be stopped to remove some burden from daily work
- Where appropriate, provide on-the-ground support with non-clinical roles such as patient companionship and reassurance

Before starting to provide this support, we would need to identify a willing team as well as gaining 'permission' and access to the senior management team that supports them. To do this, we can offer a ***facilitated presentation*** on this report to whoever needs to be present to enable the work to take place. As we are quite a small team, our direct impact will therefore be limited by resources. However, we would regularly evaluate and share our learning (e.g. blogs/podcasts/social media) – actively supporting and encouraging others to explore these approaches too.

Offer 3: A facilitated presentation for anyone wishing to consider the best way they can help (as individuals or organisations)

The same ***facilitated presentation*** described above, is also offered to anyone who wants to consider their role in responding to the staff messages in this report. Examples of potential audiences include: Trust Boards, management teams at any level, governance teams, service trios, Integrated Care Systems/Partnerships/Boards, NHS England and NHS Improvement and third sector health partners. This could indeed be any network or organisation at local, regional or national level who share our concerns for staff and wish to acknowledge and respond to the scale of the challenges appropriately.

Offer 4: Through our tried and tested support packages, we can provide training and coaching around different aspects of efficiency, safety and team culture

We continue to make our existing offers of support available because we know that these use evidence-based tools that seek to respond directly to issues raised in the five staff messages above (e.g. team culture, staff autonomy and ownership, involving patient and carer perspectives, relationship building and staff's desire to ensuring safe and quality care). They are all designed to be supportive, tailored to need, and in working with these tools at this time, we will be especially sensitive to context and seek to offer additional space for restoration and reflection. These tools include:

a. **Yorkshire Safety Huddles**: a coaching package to improve teamwork, communication and culture, whilst proactively identifying and minimising patient safety risks.

b. **Achieving Reliable Care**: to bring all aspects of a patient's plan in one place, improving the coordination of care across the multidisciplinary team.

c. **Learning from Deaths**: a structured approach to case note review.

d. **Culture surveys**: using an evidence-based tool to measure team safety culture.

e. **Just Culture Assessment Framework**: a framework to support organisations in measuring and improving their organisational culture.

f. **Organisational Staff Support Model Before and After Patient Safety Incidents**: for organisations wishing to improve the support provided for staff, particularly around safety incidents.

g. **Achieving Behaviour Change for patient safety**: understanding barriers to behaviours that promote safety, and overcoming these.

h. **Patient Experience Toolkit + (PET+):** for understanding and reflecting on patient, frontline and manager perspectives of a service, as the basis for improvement.

In addition, we run a varied programme of training and events designed to efficiently provide staff with the latest insights and approaches available to them, including those listed above, as well as covering Quality Improvement and Human Factors approaches to safety. These are currently delivered predominantly online and are free to all those working in health and social care in Yorkshire.

https://improvementacademy.org/our-training/training-and-events/
https://improvementacademy.org/our-training/bronze-quality-improvement-training.html
https://improvementacademy.org/our-training/bronze-human-factors-training.html

It is also possible to join any of our 'peer support' networks which provide spaces for people to share learning and support one-another:

https://improvementacademy.org/our-networks/

4. Funding this work

At this stage, the work outlined in offers 1-3 (on pages **12-13**) is exploratory and will be free of charge to a small number of individuals or teams who wish to learn and develop these approaches with us.

We anticipate integrating our learning from this work so we can provide a bespoke costed offer to more organisations, alongside our range of tried and tested organisational support packages (as outlined in offer 4 above).

5. Conclusions

- The five key messages we present are not new but are growing in intensity.
- We know that all staff at every level are really feeling the strain particularly as working conditions fail to support basic needs. This is detrimental to the physical and mental health of all staff. If changes are not made to the situation, further harm will be caused.
- We spoke to staff in eight types of services and believe, from our wider experience, that they are relevant across the NHS. They are also potentially relevant within social care where staff also face incredible challenges at this time.
- We spoke to certain groups of staff who belong to specific teams directly responsible for care delivery. However we also believe all staff groups (e.g. domestic staff, porters, those in corporate functions such as complaints and those in higher decision making roles) will be experiencing extreme challenges at this time and that there is plenty of potential to involve them in any initiatives for improvement.
- Whilst there is enough evidence about what staff need for things to improve, there is little evidence that these needs are being prioritised – organisational senior leaders are finding it difficult to create the spaces to adequately consider how the needs of staff teams can be met.
- Glimpses of what can really help staff (taking burdens away, gestures of support, valuing and respecting frontline expertise in decision-making) were provided at the start of the pandemic – can any of this be reinstated now?
- Responsibility now falls to people in positions of any influence – including us – to consider what can actually be done to improve working conditions and help staff deliver the high quality care that is central to their role identities.
- We have outlined four Improvement Academy offers to reach out and help health service staff at this time of crisis. We welcome open conversations with others who want to do the same.

Contact us

If you would like to discuss any of the points made in this report, or you would like to get involved, please contact the Improvement Academy. We would love to hear from you.

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